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Bib Data Sheet

CONFIRMATION NO. 3704

|  |   |                                   |   |  |
|--|---|-----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/577,718   | <b>FILING OR 371(c) DATE</b><br>05/02/2006<br><b>RULE</b>   | <b>CLASS</b><br>239               | <b>GROUP ART UNIT</b><br>3752   | <b>ATTORNEY DOCKET NO.</b><br>08912479US |
| <b>APPLICANTS</b><br>Mohan M. Vijay, Gloucester, CANADA;<br>Wenzhuo Yan, Ottawa, CANADA;<br>Andrew Tieu, Ottawa, CANADA;<br>Baolin Ren, Gatineau, CANADA;  |   |                                   |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/CA03/01683 11/03/2003  |   |                                   |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                   |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 12/07/2006</b>   |   |                                   |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>13   | <b>TOTAL CLAIMS</b><br>48                |
|  |   |                                   |   | <b>INDEPENDENT CLAIMS</b><br>8           |
| <b>ADDRESS</b><br>21028<br>AIR MAIL  |   |                                   |   |  |
| <b>TITLE</b><br>ULTRASONIC WATERJET APPARATUS  |   |                                   |   |  |
| <b>FILING FEE RECEIVED</b><br>1950   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |